

GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH - HEALTH REGULATION AND LICENSING ADMINISTRATION APPLICATION INSTRUCTIONS



FOR REINSTATEMENT OF AN EXPIRED LICENSE OR REACTIVATION OF INACTIVE STATUS

LICENSED PRACTICAL NURSE OR REGISTERED NURSE IN THE DISTRICT OF COLUMBIA

We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. <u>Please read the instructions carefully</u>. This package contains the application for:

Reinstatement of an expired nursing license or

Reactivation of inactive status

Follow the instructions provided below and complete all sections of the application. If you require more space to provide explanations for the screening questions, attach typed responses to the application.

REINSTATEMENT OF AN EXPIRED LICENSE

REINSTATEMENT OF LICENSE EXPIRED LESS THAN 1 YEAR

If an LPN/RN fails for any reason to renew their license, the Board shall reinstate the license if the health professional:

- 1). Submits application to the Board for reinstatement of the license
- 2). Pays reinstatement fee
- 3). Submits evidence of having met the board's continuing education requirement (LPN -18, RN-24, APRN-24).

REINSTATEMENT OF LICENSE EXPIRED MORE THAN 1 YEAR BUT LESS THAN 5 YEARS

If LPN/RN fails for any reason to renew their license, the Board shall reinstate the license if the health professional:

- 1). Submits application to the Board for reinstatement of the license
- 2). Pays reinstatement fee
- 3). Submits a verification of licensure status, if currently licensed in another jurisdiction.

NURSYS: If your licensure status can be verified through NURSYS, please complete verification on-line at www.nursys.com. Attach a copy of your NURSYS receipt to this application. Verification by mail: Submit your verification along with your application in a sealed envelope OR ask verifying board to send your licensure verification to:

DC Board of Nursing Department of Health 899 North Capitol Street, NE; First Floor Washington, DC 20002

Please note: A copy of your license may not be used to verify your licensure status.

REINSTATEMENT OF LICENSE EXPIRED MORE THAN 5 YEARS: Not currently licensed in another jurisdiction

If LPN/RN fails for any reason to apply for reinstatement of their license for more than 5 years after the license expires, the RN/LPN may apply for licensure by submitting:

- 1). A application and application fee to the Board for reinstatement of the license
- 2). Submitting evidence of having completed a nurse refresher course.

REACTIVATION TO ACTIVE STATUS

A RN or LPN on paid inactive status may reactivate their licensure status by submitting:

- 1). An application and application fee to the Board for reactivation licensure
- 2). Evidence of having met the board's continuing education requirement
- 3). APRNs only: Verification from certifying body regarding current certification status
- 4). Evidence of having met the board's continuing education requirement (LPN -18, RN-24) completed two (2) years immediately preceding application date.

PLEASE NOTE: Licenses expire June 30th – Odd year for LPNs – Even year for RNs.

THE APPLICATION PROCESS

Upon submission of the required application documents, the District of Columbia Board of Nursing will review your application. Upon final approval, you will be issued a license to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, the Health Regulation and Licensing Administration's (HRLA) processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO MAIL:

Documents containing application fee should be sent to the following address:

Board of Nursing P. O. Box 37802 Washington, D.C. 20013

If you have any questions, call HRLA's Customer Service toll free line at 1-877-672-2174 between 8:30 a.m. and 4:30 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a nursing license in the District of Columbia shall meet the following requirements:

- 1). Must be at least 18 years of age; and
- 2). Must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

- 1). A complete and signed application, including required supporting documents; and
- 2). Two passport-type photos of the applicant's face, measuring approximately 2" x 2", with the applicant's name printed on the back. Home snapshots are not acceptable.

COMPLETING THE LICENSE APPLICATION

Section 1. Licensee Information

Please update your name, address, phone number, email address and Social Security number, if needed. If your name has been changed, you must provide a copy of a legal name change document. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

Section 2. Special Instructions

Please read carefully and follow directions

Section 3. Requested Licensure Status and Fees

a.	Indicate licensure status you are applying for:
	Reinstate RN/LPN
	Reinstate APRN License and Authority
	Reinstate APRN authority (only), RN license must be active
	Reactivate Paid Inactive License

b. You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to <u>DC Treasurer</u> and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed.

Section 5. Screening Questions:

If you answer "yes" to questions A through G, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

PLEASE NOTE: If you have been convicted of a crime or have had actions taken against your license, please provide official documentation which details the outcome or current status of the case.

Section 6. Licensee Affidavit

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL INFORMATION

Change of address notification:

You are required by regulation to report all changes of your address to the Board within 30 days, <u>failure to do so is punishable by a \$100 fine for first offense and higher for subsequent offenses</u>. HRLA will update the address change in your database record. Requests for address change should be made via fax to 202-724-8471 or letter sent to HRLA at the address in the middle of page 1. Without an updated mailing address, you may not receive your renewal notice.

CONTINUING EDUCATION REQUIREMENTS:

RNs: 24 Contact Hours

APRNs: 24 Contact Hours (Must include a minimum of 15 contact hours in a continuing education program that

includes a pharmacology component)

LPNs: 18 Contact Hours

ANY OF THE FOLLOWING METHODS OF COMPLIANCE MAY BE UTILIZED

All documents must reflect a date within two (2) years preceding application date

CONTACT HOUR OPTION

May be used if you have completed a continuing education offering

DOCUMENTATION NEEDED

An <u>original</u> verification form from the accredited continuing education organiztion

ACADEMIC OPTION

May be used when you have completed a course leading towards a degree in nursing or any academic course relevant to the practice of nursing

DOCUMENTATION NEEDED (any one of the following):

Attach a copy of your transcript OR End of the semester report.

TEACHING OPTION

May be used if you have developed and taught a course or educational offering approved by board approved accrediting body. You will be awarded four (4) Contact Hours for each approved contact hour. [Please note: This is not an option for nurses required to develop and teach continuing education courses as a condition of employment].

DOCUMENTATION NEEDED (any of the following):

Verification form indicating your name, the name of the accrediting body and the number of contact hours <u>OR</u> Letter from an accrediting body acknowledging their approval of your course.

AUTHOR OR EDITOR OPTION

Author of a book chapter or peer reviewed article (if the manuscript has been published or accepted for publication during the period for which credit is claimed) or editor of a book during the renewal period. Twenty-four (24) Contact Hours Awarded

DOCUMENTATION NEEDED (any one of the following):

Letter of acceptance <u>OR</u> Copy of title page of book or article (for articles, include name of journal, if not indicated on the title page) <u>OR</u> Copy of page listing you as editor.



District of Columbia DEPARTMENT OF HEALTH – HEALTH REGULATION AND LICENSING ADMIN

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LICENSE REINSTATEMENT APPLICATION REACTIVATION OF INACTIVE STATUS APPLICATION

Please read the instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HRLA's Customer Service line Monday through Friday, 8:30AM to 4:30PM EST at 1-877-672-2174.

**A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. LICENSEE INFORMATION – Enter all demographic information in this section.

PRI	NT Full Name	License Numbe	r:
Mail	ling Address		
*SSI	N/FEIN:		
Pho	one:	Phone:	
E-m	nail:	E-mail:	
on ap	suant to D.C. Official Code Section 3-1205.5 (b) (2001) (Health Occupate optications for a professional license. TION 2. SPECIAL INSTRUCTIONS	ions Revision Act), applicants are rec	quired to provide a Social Security Number (SSN)
CRI	MINAL BACKGROUND CHECK	'. LIENDOLLMENT	C 11 1 077 702 4107
	rphoTrust USA "L-1 Enrollment Services" -1 Enrollment: Vis		
	OU HAVE COMPLETED A CBC FOR THE PURPOSE OF MPLETE ANOTHER CBC.	F LICENSURE WITH DC HRL	A YOU ARE NOT REQUIRED TO
	VE RECEIVE EVIDENCE OF AN ARREST OR CONVICT	ION, YOU WILL BE ASKED T	O PROVIDE COURT PAPERS
	NSTATEMENT OF LICENSE EXPIRED LESS THAN A Y	EAR/REACTIVATION OF LIC	CENSE EXPIRED LESS THAN 5 YEARS. You
mus	Attach proof of having met the CE requirements. Contact (Nursing Application Instructions) or www.cebroker.com		Ns: 18. For CE Options go towww.hrla.doh.dc.gov
	NSTATEMENT OF LICENSE EXPIRED MORE THAN 1 Y ENSED IN ANOTHER STATE/JURISDICTION. You must ➤ Provide verification of current and active licensure by asl licensure status directly to the D.C. Board of Nursing OR go to www.nursys.com to apply for verification of your li ➤ Attach proof of having met CE requirements. Contact Ho date of this application date. For CE Options go to <a href="https://www.uww.uww.uww.uww.uww.uww.uww.uww.uw</td><td>c:
king your state/jurisdiction of licent
If you are licensed in a state that sicense.
urs: APRNs: 24; RNs: 24; LPNs:1</td><td>is a member of Nursys verification system 8 two (2) years immediately preceding the</td></tr><tr><td></td><td>NSTATEMENT OF LICENSE EXPIRED MORE THAN 5 YENSE IN ANOTHER STATE/JURISDICTION. You must: Submit evidence of having completed a nurse refresher course.</td><td></td><td>HO DON'T HAVE AN ACTIVE</td></tr><tr><td>APR
APR</td><td>Ns must also attach a copy of current APRN certification. You can be license at www.hrla.doh.dc.gov (http://doh.dc.gov/node/155	an renew your Controlled Substan 142)	ces Registration (CSR) after you renew your
Rem	ure to keep a copy of this reinstatement form and your payment for y ember that <u>you are required by law to notify your professional board</u> ress below or email to <mark>bria.doh@dc.gov.</mark> This will help ensure that yo	d of any address change within 30 da	ys of the change. You may send address changes to the first timely manner.
SEC	TION 3. LICENSE TYPE, STATUS AND FEES – Sele	ct the type of action you wish to	take for your license.
Plea A.	se check the appropriate box(es). RN/LPN	FEE \$230.00	Make check/ money order payable to: DC Treasurer and mail along with this application to:
B.	APRN License and authority	<u>\$348.00</u>	DOH/HRLA
C.	☐ APRN authority (only), RN license must be active	<u>\$230.00</u>	Board of Nursing P.O. Box 37802
D.	Reactivate (Paid Inactive License)	<u>\$34.00</u>	Washington, D.C. 20013 Phone: 202/724-8000 www.hrla.doh.dc.gov

Licenses expire June 30th Odd year for LPNs - Even year for RNs.

	SECTION 5. SCREENING QUESTIONS Applicants must answer all of the following questions					
	Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement Please read the information below carefully before responding to this "yes" or "no" question, as any false information provided					
	requires that the Department of Health proceed immediately to revoke your License for which you are now applying, and impose a fine of one thousand dollars (\$1,000.00), pursuant to D.C. Official Code § 47-2864 (2001).					
	PLEASE NOTE: Pursuant to D.C. Official Code §47-2862(a) (FY 2007 Budget Support Act of 2006) you cannot be issued a license if you have failed to file your District tax returns.					
	IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR RENEWAL APPLICATION BE DENIED.	YES NO				
	As of this date, do you owe more than one hundred dollars (\$100.00) to the District of Columbia Government as a result of any of the following:					
	 Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985); 	YES NO				
	 Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994); 					
	 Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985); 					
	 4. Past due taxes; 5. Past due District of Columbia Water and Sewer Authority service fees; or 6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)? 					
	Information presented above is in compliance with the requirement to submit with your application for licensure under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).					
A.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession?	YES NO				
В.	Do you have a mental condition that currently impairs your ability to practice your profession?	YES NO				
C.	Have you ever been convicted or arrested for a crime or misdemeanor (other than a minor traffic violation)?	YES NO				
D.	Have you been terminated from or resigned from a clinical or professional training program due to a practice issue?	YES NO				
Ε.	Please answer with respect to DC or any other jurisdiction/state:	YES NO				
	(1) Have you withdrawn an application to practice your profession or voluntarily surrendered a license after formal charges have been filed against you or while under investigation?					
	(2) Has any authority or peer review board taken adverse action against your license or privileges or informed you of any pending charges not previously reported to this Board?					
	(3) Have you been (or are you currently being) investigated by any authority or peer review board for any violation of state, federal, or local law?					
	(4) Has any authority or peer review board informed you of any pending charge(s) or investigation not previously reported to this Board?					
F.	Have you been party to a malpractice action or had a malpractice action brought against you?	YES NO				
SEC	SECTION 6. LICENSEE AFFIDAVIT					
I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached						
hereto, is punishable by criminal penalties.						
*p	LICENSEE SIGNATURE PRINT NAME DATE PLEASE NOTE: PRINT AND MAIL ORIGINAL APPLICATION TO THE BOARD OF NURSING AND RETAIN A COPY FOR YOUR FILES.	_				

REPORT FRAUD, WASTE, AND ABUSE: To report fraud, waste, or abuse within the District government, contact the DC Office of the Inspector General's hotline by phone at 1-800-521-1639 (toll free) or 202-724-TIPS (8477), by email at hotline.oig@dc.gov, or by TTY at 711. For additional information, visit the Office of the Inspector General's website at oig.dc.gov.